

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107089985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		1				
5	1					
6		1				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14			1			
15				1		
16				1		
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46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	13		11			
TOTAL CLAIMS	15		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						